

Chapter 3 Partnerships and WHO performance





3. Partnerships and WHO performance

Strategic objective 12: To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work

Issues and challenges

The necessity of effectively serving the Regional Committee as a governing body at the regional level and other governing bodies was and will continue to be one of the most important challenges under this strategic objective. The need for clear lines of authority, responsibility and accountability, the need to strengthen the organizational capabilities at different levels and the need for better communication internally and externally are among other issues and challenges facing the Organization in the Region. There is also a need to address the ever growing demand for high quality, accurate and timely information on health in different languages of the Region. WHO response to this demand has significantly improved but requires more work. Strong WHO leadership at country level, better mechanisms of coordination with stakeholders, more transparency and more work with other sectors involved in health are also required. The increasing number of sectors, actors and partners involved in health work has led to gaps in accountability and in coordination of actions to improve health.

In order to tackle these challenges, the Secretariat made efforts to engage Member States more in the work of the governing bodies. This involved more effective secretariat support; better communication of the work of WHO; bringing national realities and perspectives into global policies and priorities; ensuring effective country presence of WHO; and promoting functional partnerships. The Secretariat needs to do more to ensure it focuses its support around clearly articulated country strategies, and that these are reflected in and consistent with WHO's medium-term plans and programme budget. The Organization's presence needs to be consistent with the needs and level of development of the country concerned in order to provide optimal support. WHO must ensure that national health policy-makers and advisers are fully involved in all international forums where issues affecting health status are discussed. This is particularly important in a time of social and economic interdependence, where decisions on issues such as trade, conflict and human rights can have major consequences for health.

Achievements towards performance indicator targets in each expected result

With regard to effective leadership and direction in the Region through enhancement of *governance*, the Regional Office continued to focus on coherence, accountability and synergy of the work of WHO. The Fifty-fifth Session of the Regional Committee for the Eastern Mediterranean was held in Cairo, Egypt from 11 to 14 October 2008. The Committee discussed progress in HIV/AIDS, eradication of poliomyelitis, the Tobacco-Free Initiative, achievement of the Millennium Development Goals and integrated vector management. The Committee also discussed technical papers on bridging the communication gap between health researchers and policy-makers, promoting nursing and midwifery development, regional strategy for prevention and control of sexually transmitted infections, climate change and human health, and malaria elimination in the Region. The Committee adopted ten resolutions pertaining to policy and strategy in these technical areas.

The Regional Consultative Committee at its annual meeting in April discussed research for health, policy and practice, nursing and midwifery development, a regional strategy for the prevention and control of sexually transmitted infections and improving hospital management and autonomy. The Committee advised on the quality and relevance of papers and made recommendations which were reported to the Regional Committee.

The theme of the annual meeting of the Regional Director with WHO Representatives and staff was international health security and the inter-relatedness of a wide range of health issues in this regard. Other issues discussed included standard operating

procedures for countries in emergency, the 60th Anniversary of WHO and 30 years of Primary Health Care, the World Health Report 2008, and several areas relating to WHO management: accountability, oversight, UN reform, partnership, publication policy, the Global Management System and the regional programme budget.

The annual joint coordination meeting of the Regional Directors for the WHO Eastern Mediterranean Region and the UNICEF Middle East and North Africa Region, UNESCO, UNAIDS, WFP, FAO, UNFPA, UNRWA and UNAIDS was held in the Regional Office. Discussion and agreement focused on progress in reducing the Millennium Development Goals, immunization and poliomyelitis, nutrition and food safety, child health and maternal health, HIV/AIDS, noncommunicable diseases and emerging health problems, and the Focusing Resources on Effective School Health (FRESH) Initiative.

The Regional Office continued to make efforts to utilize the outcome of the Country Cooperation Strategy process to strengthen *WHO presence at country level* and guide planning, budgeting and resource allocation. Five second-generation country cooperation strategy documents, for Jordan, Morocco, Sudan, Syria Arab Republic and Yemen, were finalized. Moreover, five missions to update country cooperation strategy were completed (Afghanistan, Egypt, Lebanon, Oman and Palestine).

With regard to strengthening WHO's support at country level, the Regional Office hosted the 8th country support unit network meeting. Among the agenda items was a proposal to ensure effective WHO contribution to the 60 forthcoming United Nations Development Assistance Frameworks, and the initial design methodology for the fifth global meeting



of heads of WHO country offices. The global country support unit network portal, launched in 2007, continues to be hosted and co-administered by the Regional Office on behalf of the network, offering a virtual environment (e-community) for members of the network.

The Regional Office continued to strengthen its capacity in *communication* with focus on: production of high quality media and advocacy materials and campaigns; dissemination of health messages to the public and professional target groups; building and enhancing the image of the Organization; and promoting the capacity and comparative advantage of WHO in international health. Capacity in media and communication was strengthened at regional and national levels. Technical support was provided in media and communication to country offices and ministries of health to enhance awareness-raising of public health issues and events, social mobilization, health campaigns and activities. Partnership with other UN agencies was fostered. Greater emphasis was placed on using electronic media, tools and approaches in production and delivery of advocacy materials, in consideration of the environment, cost-effectiveness and flexibility in adaptation of advocacy materials at local level.

The Regional Office embarked on a series of efforts to improve its *external coordination* and resource mobilization function and to expand its operational capacity and enhance collaboration with other partners. In this regard a draft resource mobilization strategy was prepared. Several protocols and agreements were signed with partners, including the Executive Board of the Health Ministers' Council for the Cooperation Council States, International Islamic Relief Organization and Tarek A. Juffali Foundation. Capacity-building in resource

mobilization was conducted in Pakistan. A regional donor profile database containing more than 80 potential and existing donors was established.

UN reform has become essential in many countries in the Region, particularly those in complex emergency situations, to ensure more effective delivery of UN support. Pakistan is one of eight pilot countries around the world for UN reform at country level. Other examples of successful in-country collaboration between UN agencies were seen in Sudan (integrated community-based recovery and development, with ICRD) and Yemen (Bait Al-faqeeh community-based primary health care project). The experiences of these three countries were shared with others.

In the area of *knowledge management and sharing*, the Regional Office continued to place emphasis on availability and accessibility of high quality and timely documentation and information products in official languages. A regional publications policy was adopted and aligned with the revised WHO publications policy. Steps were taken to institute more effective quality control on web publication; further efforts are required in this area. The Regional Office issued 22 English, 2 French and 15 Arabic publications (including 67 meeting reports) and 9 periodicals (see Annex 4), reflecting the continuing steady demand for information. In addition, 41 executive action documents arising from consultant assignments were issued and 110 speeches of the Regional Director at different events during 2008 were prepared and some were translated into official languages of the Region.

The Regional Office participated in the third meeting of the heads of translation services of WHO held in WHO headquarters. It was a useful opportunity for headquarters and regional offices to work as One WHO,



unify tools, integrate services and set standards for quality assurance. The Regional Office also participated in the Joint Inter-Agency Meeting on Computer-Assisted Translation and Terminology (JIAMCATT) and the International Annual Meeting on Language Arrangements, Documentation and Publications (IAMLADP). The 6th meeting of the Arabization of Health Science Network (AHSN) was held in collaboration with the Arab Academy, Damascus University and other regional and national organizations interested in health and biomedical education.

Great efforts were made to update, enrich and follow up on the acceptance of, and determine the scope of utilization of, the terms of the Unified Medical Dictionary through the AHSN listserv. The content of the Regional Office web site was enriched by posting the Arabic translation of most of the original English items. The full text of the *Bulletin of WHO* appeared on the Regional Office web site in Arabic for the first time in December 2008, and this will be maintained.

Promotion of high quality biomedical and public health research conducted within the Region continued through the publication and dissemination of the *Eastern Mediterranean Health Journal*. Seven issues were published in 2008, six regular issues and one special issue on the occasion of the 60th anniversary of WHO and 30th anniversary of Alma-Ata. In 2008, 679 papers were submitted to the journal for publication and the acceptance rate was about 15%. This reflects the impact of in-house screening and the greater emphasis on selecting relevant, quality papers. The backlog of accepted papers awaiting publication was reduced somewhat as a result of an accelerated editing process and a greater number of papers being included per issue. A committee met to review all aspects of the journal and propose strategies and actions for improvement and streamlining, and a report with recommendations was submitted to the executive management for consideration.

The Regional Office continued its efforts in improving access to up-to-date health and biomedical sciences information. The e-journals consortium was expanded to provide full text access to 815 journals for medical libraries, based on their print subscriptions with the Regional Office. An agreement was signed with the science publisher Elsevier Science for an e-books initiative that provides perpetual access to 1343 titles covering nine broad subjects in health and biomedical sciences. This initiative is accessible to health care and medical education institutions, libraries and health research centres in the Region through the Virtual Health Sciences Library. Work continued to update the Regional Office institutional digital repository, as a part of a global effort to develop a WHO global institutional repository. The total number of scanned publications reached



11 629, an increase of 17.5% on 2007. Update and quality control continued for the abstracting and indexing services of the Eastern Mediterranean Region Index Medicus (IMEMR) website. The number of journals indexed by the IMEMR, published in 19 countries, reached 429, an increase of 7.3% on 2007. The total number of articles indexed in IMEMR reached 95 548, an increase of 5.3% on 2007.

Health literature in the form of books, CD-ROMs, journals and online subscriptions continued to be provided for Regional Office, country offices and countries: 171 266 Regional Office and headquarters publications were distributed in the Region. Major efforts were made in the sales of regional and headquarters publications and a total of 2516 publications were sold with a total value of US\$ 61 152. Frequent public visitors to the library, conducting research in health-related topics, were briefed on publications and electronic resources available within WHO.

Future directions

Results-based management will continue to be the key element of the WHO managerial reform agenda. With the launch of the global management system, responsibility, authority and accountability will be tightly linked. Maintaining the quality and standard of WHO's work in the Region will be against the backdrop of the dire financial crisis affecting the entire world. The immediate challenge will be to assist countries to minimize the negative impact of the crisis on national health development. In countries that rely heavily on external assistance, it is important to support, in collaboration with UN partners, an assessment process for projecting the potential reduction of external support to the health sector. The Regional

Office will continue to seek appropriate ways to enhance capacity at regional and national level in communication. Addressing this will require further capacity-building and enhancement of communication strategies and infrastructure across the Region, taking into account different cultures of communication, and different rates of adoption and use of new technologies and channels for delivery.

The capacity for resource mobilization and coordination at the regional and country levels has to be enhanced through development of related tools and materials. Raising stakeholders' awareness about WHO priority programmes, health status in the Region and the need to improve coordination and partnership at the regional level will be given priority through development of brochures, documentary videos and other communication materials.

Efforts to meet the rapidly growing demand for health and biomedical information in Arabic will continue. The use of computer-assisted translation into Arabic will be further strengthened. A quality control system will be established to ensure



quality of postings to the Regional Office web site. The backlog of accepted papers awaiting publication in the *Eastern Mediterranean Health Journal* remains a major challenge. A change in design and periodicity of the journal is under consideration for 2010 in line with the recommendations of the review committee. For wider dissemination of information, the Regional Office will continue to support and update the Virtual Health Sciences Library as an integrated portal to provide different types of health information resources. The regional medical libraries network and consortia (e-journals and e-books) will be strengthened, covering all countries and all health care institutions. Collaboration with headquarters, UN agencies, international, regional and local organizations will continue in order to improve access to health and biomedical sciences information in the Region.

Strategic objective 13: To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively

Issues and challenges

Despite the obvious progress made in the strategic planning approach adopted recently by the Organization, it will continue to represent a major challenge in the next few years. There is a need to ensure consistency between all levels of strategic and operational planning.

The results-based management framework is being used by the Organization as a tool to strengthen the overall planning process. It requires more support for further improvement and long-term sustainability. WHO's work towards more efficient and effective programme management will instil ever greater confidence among Member States and donors in the transparency and accountability of the Secretariat.

The Region is more and more affected by crises that have created risks that are harder and harder to mitigate. Six countries of the Region are now non-family duty stations due to the security situation, resulting in high risk to staff and high cost in programme delivery. The administrative and financial control procedures in place to mitigate some of the major risks need to be strengthened. There is an excessive level of risk in the areas of direct financial cooperation and human resources, in the area of imprests reconciliation and monitoring of expenditures. Processes relating to information technology and



compliance with WHO's policies and procedures on recruitment, procurement and contractual services need strengthening. Staffing and funding, at both country and regional office levels remain insufficient to ensure adequate support and control. In particular at country level the organization of work causes inefficiencies in administrative processes, inadequate segregation of duties, and improper alignment of staff skills with job requirements.

Recruitment procedures need improvement in order to speed up and ensure transparency in the selection process. Controls over local cost subsidy advances are inadequate. As an example the audit in one country disclosed very large subsidy advances paid in cash to the programme coordinators of the Ministry of Health, rather than transferred to government-controlled bank accounts, and poor reporting by ministry of health on the use of the subsidies. Poor compliance with procedures in relation to the bidding and adjudication processes in the area of procurement, and instances where the delegation of authority had been violated have been noted. Effectiveness of controls is crucial to the success of the country offices.

Financing of the regional programme budget 2008–2009 in order to achieve the expected results is a major challenge. Information systems management is a particular challenge when major organizational changes take place. A number of major issues and challenges need to be addressed before a successful and stable environment for roll-out of the Global Management System (GSM) in the Region, planned for 1 January 2010, can be achieved. It is important to ensure harmonized practices on the basis of common business rules. Better utilization of information technology throughout the regional and country offices as well as Member States for health care management and

improving the performance of the health care sectors and medical services continue to be a key challenge. The diversity among countries of the Region with regard to utilization of knowledge management for policy and decision-making, in addition to weak information and communication technology infrastructure continue to be a constraining factor. Planning for implementation of GSM in terms of information and communication technology readiness and capacity-building of human resources were among the priorities in 2008.

Achievements towards performance indicator targets in each expected result

With regard to strategic and operational planning, the regional programme budget 2008–2009, approved by the World Health Assembly in May 2007, was updated based on the outcome of the operational planning exercise for 2008–2009. Relevant enhancements were made in the Regional Activity Management System (RAMS) to ensure application of new business rules and proper monitoring of workplans. Accordingly, updates were made in the Country Activity Management System (CAMS) to facilitate administration and management of the work of country offices and to streamline monitoring of WHO collaborative programmes. Capacity-building was pursued to expand the utilization of the results-based management framework (RBMF) and related applications.

The draft regional programme budget 2010–2011 was prepared in close collaboration with regional facilitators and endorsed by the Regional Committee at its 55th Session, pending the final approval of the global programme budget 2010–2011 by the World Health Assembly in May 2009. The

mid-term review exercise for 2008–2009 was successfully carried out in close collaboration with regional and country offices and the consolidated report was submitted to headquarters as the regional contribution to the respective global report, to be submitted to the World Health Assembly in May 2009.

The total approved regional regular budget for the financial period 2008–2009 was US\$ 91 570 000. In addition, extrabudgetary allocations for the same period amounted to US\$ 481 753 000. The final obligations incurred as of 31 December 2008 represented 46% of the total available funds under the regular budget and amounted to US\$ 42 030 982. In addition, obligations incurred against extrabudgetary funds for 2008 amounted to US\$ 230 125 794, significantly exceeding the regular budget by almost six times. Of this, US\$ 22 624 926 were for malaria, tuberculosis and HIV, US\$ 94 903 485 for emergency preparedness and response and US\$ 13 724 588 for immunization and vaccine development.

The Regional Office actively participated in the development of policies and guidelines for streamlined functions in line with the GSM and the corresponding delegation of authority. Pending completion of global implementation of GSM and International Public Sector Accounting Standards (IPSAS), the role of the budget and finance function further evolved to ensure seamless transition, sustained support, and strengthening of operational capabilities of WHO country offices, performance management and decentralized implementation.

A transition team was put in place in the Regional Office in preparation for roll-out of the GSM in the Region. The draft human resources plan was prepared for the 2010–2011 operational planning exercise. The costing of the plan was conducted and provisional roles and responsibilities were mapped to it

in preparation for implementation of GSM in the Region. The roles and responsibilities of all staff were mapped subsequently to standardized roles. Implementation of GSM depends on an effective training programme. Accordingly the draft regional training plan is now in place and will be implemented six to eight weeks before roll-out. Work continued to ensure readiness of information technology systems for roll-out, including data conversion and upgrading the infrastructure for both the Regional Office and country offices to match GSM requirements. The WHO Identity Management System (WIMS) was implemented to serve as a standard global directory and authentication system to support GSM and WHO global applications.

The human resources selection policy for the Region was further developed within the Organization's competency framework in order to attract top talent. Many briefing sessions and informative communications with supervisors and managers took place to ensure understanding and correct application of the new policy. It is expected that implementation of the new consultant contractual arrangement with improved rates of pay will help attract a higher calibre of experts to advise Member States when required. The Regional Office aligned its performance management cycle to the global system and provided expert training in the area of performance management to the majority of staff in the Regional Office. With a view to retaining staff, promoting learning and rewarding performance, a non-monetary reward system was developed and will be used in a pilot project for general service staff. A new process for the selection and appointment/reassignment of heads of WHO offices was developed by WHO. Similarly, a global orientation and development programme for heads of WHO country offices will be put into practice.



An organigram of the Regional Office is given in Annex 1. Annex 2 shows the distribution of professional staff by number and nationality. Table 3.1 shows the distribution of professional posts by organizational level and Table 3.2 shows the distribution of temporary staff and consultants by division.

Work also continued to develop and enhance information systems for the Regional Office and country offices to assist in the effective management and implementation of their technical programmes. Analysis of requirements was conducted to obtain feedback, clarify objectives and enhance current operating procedures. The Country Activity Management System (CAMS) was enhanced to further assist country offices in the administration and management of their programmes. Since its launch in 2006, the system has been used to issue and process more than 18,700 electronic requests. The Regional Activity Management System (RAMS) was enhanced to comply with the new guidelines of operational planning required for GSM implementation. Other administrative systems were also enhanced resulting in cost reductions and more effective

Table 3.1 Professional posts as at 31 December 2008 (all sources of funds)

| Organizational level | Number of professional posts |
|--|------------------------------|
| Regional (intercountry) | 135 |
| Country (including WHO Representatives' offices) | 135 |
| Total | 270 |

management. Work continued to ensure high availability and integrity of information through effective database management and optimization.

In line with resolution EM/RC54/R.6, support to Member States continued in the areas of health mapping and geographic information systems (GIS). The Regional Alert, Surveillance and Detection of Outbreak Network (RASDOON) was implemented in Tunisia. Support was provided to the Libyan Arab Jamahiriya, the Syrian Arab Republic and Yemen in health mapping to support decision-making. The Regional Office web site continued to be a reliable source of health information in both English and Arabic. More than 40 portals have now been developed to reflect the activities of technical

Table 3.2 Distribution of temporary professional staff and consultants by division 2008

| Division | No. of contracted short-term professionals and short-term consultants 2007 | | | | | | No. of contracted short-term professionals and short-term consultants (until 30 June 2008) and consultants (effective 1 July 2008) | | | | | |
|---|--|------|----|------|-------|------|--|------|----|------|-------|------|
| | M | % | F | % | Total | % | M | % | F | % | Total | % |
| Assistant Regional Director | 83 | 74.1 | 29 | 25.9 | 112 | 28.9 | 73 | 71.6 | 29 | 28.4 | 102 | 32.4 |
| Regional Director | 74 | 87.1 | 11 | 12.9 | 85 | 22.0 | 58 | 87.9 | 8 | 12.1 | 66 | 21.0 |
| Communicable Disease | 52 | 72.2 | 20 | 27.8 | 72 | 18.6 | 43 | 78.2 | 12 | 21.8 | 55 | 17.5 |
| Health Systems and Services Development | 39 | 73.6 | 14 | 26.4 | 53 | 13.7 | 25 | 62.5 | 15 | 37.5 | 40 | 12.7 |
| Health Protection and Promotion | 34 | 69.4 | 15 | 30.6 | 49 | 12.7 | 31 | 77.5 | 9 | 22.5 | 40 | 12.7 |
| General Management | 6 | 54.1 | 5 | 45.5 | 11 | 2.8 | 6 | 75.0 | 2 | 25.0 | 8 | 2.5 |
| Deputy Regional Director | 3 | 60.0 | 2 | 40.0 | 5 | 1.3 | 2 | 50.0 | 2 | 50.0 | 4 | 1.3 |
| Total | 291 | 75.2 | 96 | 24.8 | 387 | 100 | 238 | 75.6 | 77 | 24.4 | 315 | 100 |

programmes in the Region. Extensive work is being done to create a dedicated web site for each country office with 12 already published in collaboration with country teams. The Regional Office continued to work to improve the management of data and sharing of knowledge using the latest technologies through dynamic web portals. Technical support and capacity-building in information and communication technology continued in order to enhance programme delivery and staff skills.

Adequate maintenance contracts and improved operational support secured an effective level of infrastructure support services. Human resources contract reform processes resulted in adjusted staffing patterns and renewed staff motivation to deliver quality logistic services. Additional security measures were introduced and implemented to improve the security and safety of WHO premises. Improvement of real estate facilities in the Region continued. The construction of premises for the country office in Tunisia started and is progressing according to schedule; the design of the new building for the offices in Jordan was modified to introduce advanced elements of the green building concept; and the extension of the country office in Sudan was completed, providing additional space to accommodate the expansion of operations there.

Requests for the procurement and delivery of supplies and equipment worth US\$ 26.3 million were processed. This included essentially needed supplies and equipment for the implementation of WHO collaborative programme activities, under the regular budget, extrabudgetary resources and on a reimbursable basis to governments and nongovernmental institutions as well as unforeseen purchases to meet emergency needs. Supplies and equipment worth US\$ 5.6 million were purchased by the



The Regional Director helps lay the foundation stone of new premises for WHO in Tunisia

Regional Office and delivered to Iraq. This represents about 21.3% of all Regional Office procurement in 2008.

Emergency medical supplies for Palestine worth US\$ 3.5 million were purchased and delivered by the Regional Office, representing about 13.3% of all Regional Office procurement in 2008. Substantial cost savings were achieved in the amount of US\$ 1.6 million. Processing time for request of supplies and equipment continued to meet the target.

Future directions

The Regional Office will continue to provide broad institutional reform that will ensure more efficient and cost-effective support to the Organization. Work will be organized according to entire results-based management framework and processes, from strategic and operational planning and budgeting to performance monitoring and evaluation; management of financial resources through monitoring, mobilization and coordination Organization-wide, ensuring an efficient flow of available resources throughout the Organization; management of human resources, including human resource



planning, recruitment, staff development and learning, performance management, and conditions of service and entitlements; provision of operational support, ranging from the management of infrastructure and logistics, language services, staff and premises security, and staff medical services to the management of information technology; and appropriate accountability and governance mechanisms across all areas.

